

Message Text

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FOR AMBASSADOR FROM MARSHALL GREEN

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SUBJECT: VISIT OF DR. LUIS DAZA OF COLOMBIA

1. THE CHIEF OF THE MATERNAL CHILD DIVISION OF THE GOC
MINISTRY OF HEALTH, DR. LUIS DAZA, VISITED THE AID OFFICE
OF POPULATION AUGUST 1.
2. DR. DAZA HAD SENT THE POP OFFICE COPIES OF THE THIRD
DOCUMENT OF THE "INVESTIGACION DE RIESGO MATERNO-INFANTIL"
BEING CARRIED OUT BY THE MINISTRY OF HEALTH, JAVERIANA UNI-
VERSITY, AND VALLE UNIVERSITY. DR. DAZA DISCUSSED THE
IMPLICATIONS OF THE FINDINGS AND RECOMMENDATIONS OF THIS
RESEARCH, PARTICULARLY AS THEY RELATE TO THE PROVISION OF
HEALTH SERVICE TO HIGH-RISK MATERNAL CASES. DR. DAZA
STATED THAT THE RESEARCH RESULTS AND RECOMMENDATIONS ARE
NOW ACCEPTED MINISTERIAL POLICY, I.E., AS STATED PAGE 25 OF
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THE DOCUMENT, "DEFINITIVE METHODS" OF CONTRACEPTION
(VOLUNTARY STERILIZATION) WILL BE AVAILABLE AS REQUESTED
BY THE MEDIUM RISK MATERNAL CASES AND TO BE
RECOMMENDED FOR THE HIGH-RISK MATERNITY CASES. THESE
"DEFINITIVE METHODS" ARE TO BE AVAILABLE IN THE REGIONAL
OR UNIVERSITY HOSPITALS. IN ORDER TO MAKE THIS HEALTH
SERVICE POSSIBLE, DR. DAZA ESTIMATES THAT APPROXIMATELY

200 LAPAROSCOPES WILL BE NEEDED IN THE PUBLIC HEALTH SYSTEM.

HE ALSO EMPHASIZED THE IMPORTANCE OF REPAIRING THE LAPAROSCOPES PRESENTLY IN COUNTRY PREVIOUSLY DONATED BY AID GRANTEES BOTH TO ASSURE THEIR EFFECTIVE FUNCTIONING AND TO SAFEGUARD THE HEALTH OF THE PATIENTS.

3. ALTHOUGH AID RESTATED TO DR. DAZA THE POSITION OF THE U.S. GOVERNMENT IN NOT PROVIDING THIS KIND OF SUPPORT TO COLOMBIA, IT WAS MADE CLEAR BY DR. DAZA THAT, IF THE EQUIPMENT AND MAINTENANCE SUPPORT WERE MADE AVAILABLE, THEY WOULD BE QUICKLY AND EFFECTIVELY UTILIZED. HE CITED EXAMPLES OF PROGRAMS, PARTICULARLY ON THE COAST, WHERE THE DEMAND FOR PILLS AND IUD'S HAS SUBSTANTIALLY DECREASED AS PATIENTS ARE SEEKING A MORE EFFECTIVE, CONVENIENT, AND "DEFINITIVE" METHOD OF CONTRACEPTION.

4. WITH THE PUBLISHING OF THIS FORTHRIGHT DOCUMENT, THE MINISTRY IS EXPLICITLY STATING THAT "DEFINITIVE METHODS" SHOULD BE AVAILABLE IN THE REGIONAL AND UNIVERSITY HOSPITALS. THE MINISTRY WOULD THUS MAKE VOLUNTARY SURGICAL CONTRACEPTIVE SERVICES IN COLOMBIA AVAILABLE TO ALL THE WOMEN WHO NEED IT (PARTICULARLY THE POOR), NOT JUST THE FORTUNATE ONES WHO NOW HAVE ACCESS TO PRIVATE SECTOR PROGRAMS.

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5. SINCE ALL U.S. ASSISTANCE TO THE GOC HEALTH SECTOR HAS BEEN COMPLETED, THE MOH HAS NO FUNDS FOR INTERNATIONAL PURCHASES. AID COULD MAKE FINANCIAL SUPPORT AVAILABLE IN A LOW PROFILE, HEALTH-ORIENTED CONTEXT THROUGH ONE OR MORE OF SEVERAL INTERNATIONAL AGENCIES WHICH HAVE THE TECHNICAL CAPACITY AND SENSITIVITY TO SUPPORT AN EFFECTIVE ACTION IN COLOMBIA. ALL ACTIONS RELATED TO RECEIPT AND CUSTOMS CLEARANCE FOR ANY EQUIPMENT WOULD BE HANDLED BY THE MOH.

6. COLOMBIA CONTINUES TO BE A PRIORITY FOR U.S. POPULATION ASSISTANCE. DESPITE ITS COMMENDABLE PROGRESS IN REDUCING FERTILITY, HIGH RATES OF INDUCED ILLEGAL ABORTION AND OTHER FACTORS INDICATE THAT THE PROBLEM OF UNWANTED FERTILITY IS FAR FROM SOLVED. OF ALL THE PROCEDURES AVAILABLE, THE MOST RELIABLE AND THE SAFEST IS VOLUNTARY SURGICAL CONTRACEPTION WHICH IS INCREASINGLY POPULAR WITH THE MEDICAL PROFESSION AND USERS AROUND THE WORLD. FOR EXAMPLE, VSC IS NOW THE MOST PREVALENT FORM OF FERTILITY CONTROL IN THE U.S. WE BELIEVE IT MOST APPROPRIATE TO SHARE THIS MODERN TECHNOLOGY TO THE FULLEST EXTENT POSSIBLE.

7. WE WOULD GREATLY APPRECIATE YOUR VIEWS ON THIS SUBJECT
IN LIGHT OF LATEST CONDITIONS. WE WILL, OF COURSE, BE
GUIDED BY YOUR ADVICE. WARM REGARDS. VANCE

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